Pregnancy and Your Oral Health

insert presenter information

When should I see the dentist?

- You could hurt yourself or your baby by NOT going to the dentist
- Go any time for:
  - Check-ups and cleanings
  - Emergency care (including x-rays)
- Second trimester or first half of third is best for procedures that require:
  - Anesthesia
  - Medication
  - Time in the chair

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Safe Dental Treatment

- Most treatments considered safe
- Acceptable drugs
  - Dental anesthetics
  - Chlorhexidine rinse
  - Fluoride treatment
  - Tylenol
- Give dentist your obstetrician's contact information
- Avoid
  - Aspirin or ibuprofen
  - Tetracyclines, chloramphenicol

Fetal Growth and Development

- Development of the mouth (prior to birth):
  - 4-5 weeks – primary (baby) tooth buds
  - 4-7 weeks – lips
  - 8-12 weeks – roof of mouth
  - 12 weeks – primary teeth start to harden
  - 6 months - permanent tooth buds

Orofacial Clefts – Cleft Lip and Palate

- Cleft lip can form by the 8th week
- Cleft palate can form by the 12th week
- Usually accompanied by misshapen or missing teeth
- Difficulty nursing/eating
- Requires multiple corrective surgeries
- Increases risk of ear infections
- Causes:
  - Family history (genetic)
  - Diabetes
  - Smoking tobacco
  - Certain medicines to treat epilepsy, such as topiramate or valproic acid

Childhood Enamel Hypoplasia

- What is it?
  - Deformed, weak enamel
  - Disruptions of tooth developm
  - Teeth can decay more easily
- Causes in utero:
  - Fever in the pregnant mother
  - Premature birth
  - Low vitamin D levels
- Causes early in life:
  - Low birth weight
  - Fever in infancy

Who Wants a $1,000,000 $mile?

When is it safe to go to the dentist during pregnancy?

A. When you need a check-up or a cleaning

B. Only during the second trimester

C. When something hurts

D. A and C

Changes During Pregnancy that Alter Oral Health

- Hormonal Alterations:
  - Increased tooth mobility
  - Saliva changes – less protective
  - Increased bacteria
  - Gum problems

Saliva changes

- Decreased buffers
- Decreased minerals
- Decreasing flow first and last trimester
- Increased flow second trimester
- More acidic

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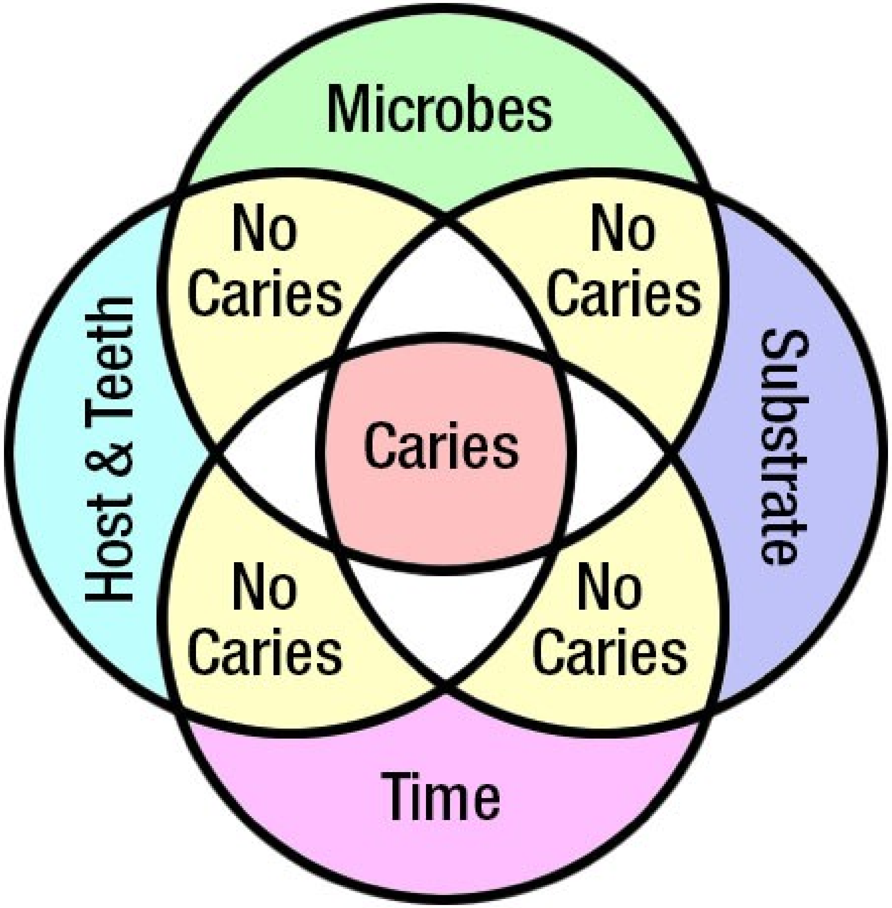
Increased Bacteria

- Increased acidity
  - Increase in decay-causing bacteria
- Increased Snacking
  - Morning sickness/low blood sugar
  - Between-meal snacks
- Increase in amount and frequency of starches/carbohydrates
  - Crackers are commonly recommended
  - Promotes decay-causing bacteria

Disclosed Plaque

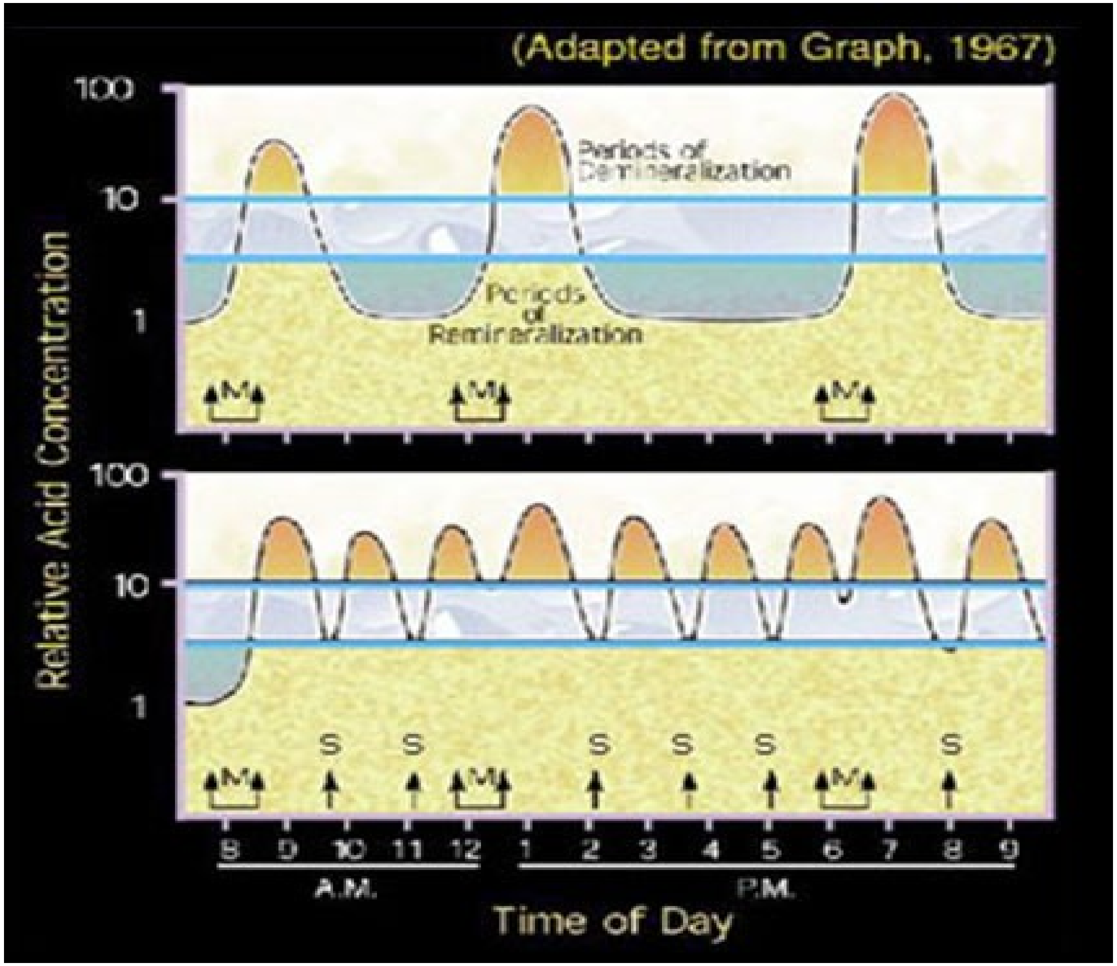
Increased Bacteria - Dental Decay



Diet and Dental Caries

Regular Meals (M)

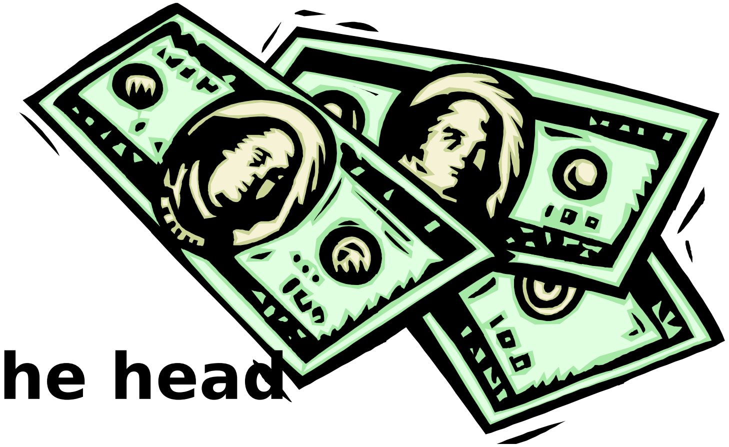
Regular Meals (M) plus Sweet Snacks (S)



Plaque Acid Levels

Who Wants a $1,000,000 $mile?

What is a cavity?



A. A large hole in the head
B. A disease
C. A hole in the tooth
D. Both B and C

Increased Oral Bacteria During Pregnancy

- Increased food supply – frequent meals/snacks
- Increased hormones
  - Gingival fluid and saliva contain hormones
  - Cause gums to swell, bleed easily, and secrete more fluid
  - Bacteria use hormones for energy to grow and multiply
- Decreased immune response limits mouth’s ability to fight bacteria

Gum Problems

Pregnancy Gingivitis

- Red edges
- Swollen or puffy
- Tender
- Bleed easily during brushing

Gum Problems - Pregnancy Granuloma

Gum Problems - Pregnancy Granuloma

Gum Changes - Pregnancy Granuloma

Who Wants a $1,000,000 $mile?

Some signs of gum disease are…

A. Red, scaly patches

B. Black, hairy patches

C. Bleeding, swelling or tenderness

D. None of the above

Changes During Pregnancy that Affect Oral Health

- **Morning sickness**
  - Difficulty with hygiene
    - Gum disease
    - Tooth decay
  - Vomiting
- **Esophogeal Reflux (heartburn)**
- **Acid exposure**
  - Irritation of the gums
  - Weakening of tooth enamel
  - Dental erosion

Treatment for Acid Exposure

- Do NOT brush immediately after vomiting
- Rinse
  - Water with baking soda
  - Antacid
  - Plain water
- Eat some cheese
- Ask about fluoride rinse or gel

Oral Diseases Can Effect Pregnancy

- Periodontal (gum) disease linked to:
  - Pre-eclampsia
  - Preterm birth
  - Low birth weight
- Dental cleaning to remove calculus (tartar) is safe for pregnant women and can treat gum disease.

Prevention: Oral Hygiene

- Reduce the amount of bacteria in your mouth.
  - Brush at least twice a day with fluoride toothpaste
  - Floss once a day
  - Antibacterial mouth rinses
  - Xylitol gum or mints after snacks (sugary drinks count as a snack!)
- Keep routine dental visits!
  - TRICARE Dental Program pays for 3 checkup/cleaning visits during pregnancy

Prevention: Nutrition for Oral Health

- Eat well-balanced meals
  - B vitamins, especially folate (folic acid)
  - Vitamin C
  - Vitamin D
  - Calcium
  - Protein
  - Fiber
- Snack smart
  - Avoid starchy or sugary snacks and drinks
  - Raw fruits and vegetables
  - Dairy products

Who Wants a $1,000,000 $mile?

Oral diseases can be prevented by…

A. Using fluoride rinse
B. Brushing with fluoride toothpaste 2-3 times a day
C. Eating nutritious foods
D. A and B
E. All of the above

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